

## ACKNOWLEDGEMENT OF RECEIPT & AGREEMENT TO COMPLY

- Affordable Care Act and Marketplace Notices
- Consolidated Omnibus Budget Reconciliation Act (COBRA) FAQ's
- Domestic Violence Policy
- Drug Free Workplace Policy
- Employee Rights and Responsibilities Under the Family and Medical Leave Act (FMLA)
- Executive Order No. 30 Delaware's Continuing Commitment to Respectful Workplace
- Health Insurance Portability and Accountability Act (HIPAA)
- Medicare Enrollment Information for Active Employees, Pensioners and Covered Spouses
- Pregnant Workers Fairness Act Guidelines
- Respectful Workplace and Anti-Discrimination Policy
- State of Delaware Merit Rules
- State of Delaware Oath to Support the Constitution
- Statewide Acceptable Use Policy
- Workplace Violence Prevention Policy

☐ I certify that I have read, understand and agre as stated in each of the documents listed above.	ee to comply with all terms and conditions of employment
Signature:	Date:
Printed Name:	
This document is to be signed and witnessed in (HR)/Benefits Representative (Ben Rep) at the t	the presence of the designated agency Human Resources ime you submit all new hire documentation.
HR/Ben Rep/Designee Signature:	Date: